

STANDARD CERTIFICATE OF DEATH

17267

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>1143</u>	
I. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HEIGHTS</u>		c. LENGTH OF STAY (In this place) <u>5 Weeks</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3509a McKean Ave.</u> <u>2169</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Josephine</u>		b. (Middle) <u>Agnes</u>		c. (Last) <u>Regli</u>	
4. DATE OF DEATH <u>May 20, 1955</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>January 21, 1884</u>		9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>3</u>		11. DAYS <u>29</u>	
12. HOURS		13. MIN.		14. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		15. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		16b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		17. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		18. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
19a. FATHER'S NAME <u>Charles Joseph Vincent</u>		19b. MOTHER'S MAIDEN NAME <u>Marie Bienvue</u>		20. NAME OF HUSBAND OR WIFE <u>Charles A. Regli</u>		21. NAME OF HUSBAND OR WIFE <u>Charles A. Regli</u>	
22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		23. SOCIAL SECURITY NO. <u>NONE</u>		24. INFORMANT'S SIGNATURE OR NAME <u>Charles A. Regli</u>		25. ADDRESS <u>3509a Mc Kean Ave.</u>	
26. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor - Malignant</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
27a. DATE OF OPERATION <u>2-26-55</u>		27b. MAJOR FINDINGS OF OPERATION <u>Same</u>		28. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		29. DATE SIGNED <u>5-21-55</u>	
30a. ACCIDENT SUICIDE HOMICIDE (Specify)		30b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		30c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>193x</u>		30d. DATE SIGNED <u>5-21-55</u>	
31a. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		31b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		31c. HOW DID INJURY OCCUR?		31d. DATE SIGNED <u>5-21-55</u>	
32. I hereby certify that I attended the deceased from <u>2-15, 1955</u> to <u>5-20, 1955</u> , that I last saw the deceased alive on <u>5-20, 1955</u> , and that death occurred at <u>12:30P</u> m., from the causes and on the date stated above.							
33a. SIGNATURE <u>Dean W. W. W.</u>		33b. ADDRESS <u>6944 CHIPPEWA</u>		33c. DATE SIGNED <u>5-21-55</u>		33d. DATE SIGNED <u>5-21-55</u>	
34a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		34b. DATE <u>5/23/55</u>		34c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		34d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
35a. DATE REC'D BY LOCAL REG. <u>5/21/55</u>		35b. REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D.</u>		35c. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Gebken Sons</u>		35d. ADDRESS <u>2630 Gravois Ave.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Robert F. Liebke*

Licensed Embalmer No..... 414

P. O. Address 2630 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.